

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

| Claim | Date |
|----------------|---------|
| Final Original | 4/30/01 |
| 1 ✓ | |
| 2 0 | |
| 3 0 | |
| 4 0 | |
| 5 0 | |
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| 9 0 | |
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| Claim | Date |
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| Final Original | 4/30/01 |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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